

# Prior authorization requirements for Arizona Complete Health Medicaid effective February 1, 2026

## General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Complete Care (ACC) Medicaid program providing inpatient and outpatient services.

To request prior authorization, please submit your request using 1 of the following:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](http://UHCprovider.com) and click Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **Phone: 800-445-1638**

## Please note

- To be eligible for prior authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS)
- Services provided by non-network and out-of-state health care professionals require prior authorization and documentation supporting the out-of-network request
- Experimental and investigational services are not covered benefits
- All rendering health care professionals, facilities and vendors must be actively registered with AHCCCS
- Services delivered inside the multi-specialty interdisciplinary clinics (MSIC) to children's rehabilitative services (CRS)-designated/CRS formerly designated members do not require prior authorization
- Only 1 health care professional may request services on a prior authorization request form
- Only medically necessary, cost-effective, federally- and state-reimbursable services are covered as outlined by AHCCCS

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Allergy immunotherapy	<p>For members younger than 21:</p> <p>Allergy immunotherapy and allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p>For members 21 and older:</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Allergy immunotherapy (cont.)</b>	<p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered benefit.</p>					
	Allergy testing, including testing for common allergens, is a covered benefit when the member has:					
	Sustained an anaphylactic reaction to an unknown allergen					
	Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc.					
	Prior authorization is required for allergy testing when it meets the criteria above.					
<b>Augmentative and alternative communication</b>	Prior authorization is required for the codes listed.	92607	92608	92609	A9901	
		E2500	E2502	E2504	E2506	
		E2508	E2510	E2511	E2512	
		E2599	V5336			
<b>Bariatric surgery</b>	Prior authorization is required for the codes listed.	43644	43645	43659	43770	
		43775	43842	43845	43846	
		43847	43848	43860		
<b>Behavioral health</b>	For members with serious mental illness (SMI):	For a full list of behavioral health prior authorization requirements, please visit <a href="http://providerexpress.com">providerexpress.com</a> Behavioral Health Prior Authorization Code List by State (providerexpress.com)				
	Behavioral health services are available through the					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	Regional Behavioral Health Authority (RBHA) program. For assistance call 800-348-4058.					
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979	E0760		
<b>Breast cancer (BRCA) genetic testing</b>	Prior authorization is required for the codes listed.	81162 81166 81217	81163 81212 81432	81164 81215	81165 81216	
	Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.					
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization is required for the codes listed.	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	
<b>Cancer supportive services</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis.		Injectable colony-stimulating factor drugs that require prior authorization:	J0897 J2506 Q5110 Q5125	J1442 J2820 Q5111	J1447 Q5101 Q5120 Q5122
			Colony Stimulating Factors	J1449	J1448 Q5108 Q5122	Q5148
			Erythropoiesis Stimulating Agents	J0885		
			For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Cardiology</b>	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal Dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit: <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program</p>
<b>Cardiovascular</b>	Prior authorization is required.	93590

DX Not Req PA			
E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)</b>	<p>Prior authorization is required for inpatient services.</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center.</p>	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726	
<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.</p>				
<b>Circumcision</b>	<p>Routine circumcision is not a covered benefit.</p> <p>Prior authorization required only for cases with documented medical necessity.</p>	54161	54162			
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	<p>For members over 21:</p> <p>Prior authorization is required for the codes listed.</p>	69710 L8619	69714 L8690	69930 L8691	L8614 L8692	
<b>Continuous glucose monitor</b>	Prior authorization is required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Cosmetic and reconstructive surgery</b> That changes or improves physical appearance without significantly improving or restoring physiological function	Prior authorization is required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960 14061* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	14020* 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021* 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		*Will NOT require prior auth when billed with skin cancer diagnoses.				
<b>Dental services</b>	For prior authorization requirements, please call UnitedHealthcare dental at 855-812-9208.					
<b>Diabetic supplies</b>	Diabetic supplies are provided by the local pharmacy.  Prior authorization for talking glucometers is available through the medical prior authorization process.	To locate contracted health care professionals or vendors, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.				
<b>Durable medical equipment (DME)</b>	To request DME items, please call Preferred Homecare at 800-636-2123.  Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500  These DME items are not	For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.	E0194 E0300 E0466 E0636 E0656	E0265 E0445 E0483 E0638 E0669	E0266 E0457 E0486 E0641 E0670	E0270 E0465 E0620 E0642 E0675

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
covered by Preferred Homecare:		E0693	E0694	E0700	E0710
	• Bone stimulators	E0745	E0766	E0784	E0984
	• Diabetic supplies	E0986	E1002	E1003	E1004
	• Enclosed beds	E1005	E1006	E1007	E1008
	• Insulin pumps	E1009	E1010	E1030	E1035
	• Percussion vests	E1036	E1161	E1229	E1231
	• Specialty beds	E1232	E1233	E1234	E1235
	• Wound vacs	E1236	E1237	E1238	E1239
		E1825	E2100	E2227	E2228
		E2230	E2298	E2301	E2322
	Prosthetics are not DME — see orthotics and prosthetics.	E2325	E2327	E2329	E2331
		E2351	E2373	E2510	E2511
		E2512	E2599	E2626	E2627
		E2628	E2629	E2630	E8000
		E8001	E8002	K0005	K0008
		K0013	K0108	K0800	K0801
		K0802	K0806	K0807	K0808
		K0812	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0836	K0837	K0838	K0839
		K0840	K0841	K0842	K0843
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	S1040	

Enteral services/ parenteral/ oral	To request services and/or supplies, please call Preferred Homecare at 800-636-2123.	Clinical documentation and oral supplement certificate of medical necessity as applicable must accompany and establish medical necessity for this service request.
In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements		For members younger than 21: For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at <a href="http://azahcccs.gov">azahcccs.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.
		The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <a href="http://azahcccs.gov">azahcccs.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		For members 21 and older:			
		Please review AMPM Chapter 300, Policy 310-GG at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG.			
		The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.			
<b>Experimental and investigational services (and/or linked services)</b>	Prior authorization is required for all services considered experimental and/or investigational.	33477 A4638 G0293 S9991	36514 A9274 G2000 S9992	64722 E1831 S9988 S9994	66180 G0276 S9990 S9996
	For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.				
<b>Eye care/optometry</b>	Benefits provided for members younger than 21:	For member eye care services, please call Nationwide Vision at 480-961-1702.			
	<ul style="list-style-type: none"> <li>• 1 routine eye exam every 12 months</li> <li>• Regular single vision bifocal or trifocal polycarbonate lenses</li> <li>• Frame for up to \$79.99 retail price</li> <li>• 1 replacement pair of glasses if lost, stolen or damaged</li> <li>• Members may pay the difference for a more expensive pair of glasses, but must sign a</li> </ul>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	waiver provided by Nationwide Vision				
	For members 21 and older: Prior authorization is required when medically necessary to diagnose or treat diseases and conditions of the eye.				
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required for the codes listed.	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization is required for the codes listed.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic testing</b>	Prior authorization is required for all services not covered by Labcorp. To determine prior authorization requirements, please call Labcorp at 800-788-9743.	81265	81302	81321	81323
		81325	81401	81403	81404
		81405	81406	81407	81408
		81415	81416	81460	81479
		86353	88245	88248	88249
		88261	88262	88263	88264
		88267	88269	88271	88272
		88273	88274	88275	88280
		88283	88285	88289	88291
		88299			
		Biomarker codes			
		81313	81327	81435	81490
<b>Hearing services</b>	For members younger than 21:	V5010	V5011	V5014	V5030
		V5040	V5050	V5060	V5095
	Prior authorization is not required.	V5100	V5120	V5190	V5230
		V5242	V5243	V5244	V5245
		V5246	V5247	V5248	V5249
	For members 21 and older:	V5250	V5251	V5252	V5253
	Prior authorization is required.	V5254	V5255	V5256	V5257
		V5258	V5259	V5260	V5261
		V5262	V5263	V5267	V5298
<b>Home health care services</b>	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
<b>Hysterectomy</b>	Prior authorization is required for the codes listed.	58150	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58275

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		58280	58285	58290	58291
		58292	58294	58541	58542
		58543	58544	58548	58550
		58552	58553	58554	58570
		58571	58572	58573	58951
		58953	58954	58956	59525
<b>Incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at 800-636-2123.			
<b>Infusion in-home services</b>	Prior authorization is required for all services not covered by Optum Infusion.	To request services and/or supplies, please call Optum Infusion at 888-705-4470.			
<b>Injectable medications for in-home usage</b>	Prior authorization is required for all medications not covered by Optum Infusion.	To request medications, please call Optum Infusion 888-705-4470.			
<b>Injectable medications</b>	Prior authorization is required for the codes listed.	Actemra® J3262 Adakveo® J0791 Adzynma™ J7171 Amondys 45® J1426 Amvuttra™ J0225 Aralast® NP, Prolastin®-C, Zemaira® J0256 Avsola® Q5121 Avtozma Q5156 Benlysta J0490 Beqvez™ J1414 Berinert® J0597 Bkemv Q5152 Botulinum toxins J0585      J0586      J0587      J0588			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		Brineura® J0567 Briumvi™ J2329 Cimerli™ Q5128 Cinqair® J2786 Conexxence Q5158 Cosentyx® IV J3247 Crysvita® J0584 Cutaquig® J1551 Daxxify® J0589 Elfabrio® J2508 Encelto J3403 Entyvio® J3380 Enjaymo™ J1302 Epysqli Q5151 Esperoct® J7204 Evenity® J3111 Evkeeza® J1305 Eylea HD™ J0177 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Firmagon®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J9155 Fylnetra™ Q5130 Gamifant® J9210 Givlaari® J0223 Glassia® J0257 Hemlibra J7170 Hemgenix™ J1411 Hypavzi J7172 Ilaris® J0638 Illumya™ J3245 Inflectra Q5103 Imuldosa IV Q5098 Injectafer® J1439 IVIG J1459      J1552      J1554      J1555 J1556      J1557      J1559      J1561 J1566      J1568      J1569      J1572 J1575      J1599 Izervay™ J2782 Jubbonti Q5136 Kisunla™ J0175 Korsuva™ J0879 Krystexxa® J2507 Lamzede® J0217 Lanreotide

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J1932 Lemtrada® J0202 Leqembi™ J0174 Leqvio® J1306 Lupron Depot® J1950 Lupron Depot®, Eligard® J9217 Lutrate Depot J1954 Mepsevii® J3397 Monoferric® J1437 Nexviazyme® J0219 Naglazyme® J1458 Niktimvo J9038 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Qalsody™ J1304 Ocrevus® J2350 Ocrevus Zunovo J2351 Octreotide acetate J2354 Orencia® J0129 Omvoh™ J2267

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		Onpattro® J0222 Otulfi IV Q9999 Panzyga® J1576 Parsabiv® J0606 Pavblu Q5147 PiaSky J1307 Pombiliti™ J1203 Prolia® J0897 Pyzchiva IV Q9997 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Riabni™ Q5123 Rituxan® J9312 Rituxan Hycela® J9311 Roctavian™ J1412 Ruconest® J0596 Ruxience® Q5119 Ryplazim® J2998 Rystiggo™

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		J9333	Sandostatin® LAR		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Tezspire				
	J2356				
	Therapeutic radiopharmaceuticals*				
	A9513	A9590	A9606	A9607	
	A9615	A9699			
	Tofidence™				
	Q5133				
	Tremfya IV				
	J1628				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Tyenne™				
	Q5135				
	Tziel™				
	J9381				
	Unclassified codes**				
	C9094	C9149	C9157	C9166	
	C9399	J3490	J3590		
	Uplizna®				
	J1823				
	Intravitreal vascular endothelial growth factor (VEGF)				
	J0178	J0179	J2777	J2778	
	J2779	Q5124	Q5128		
	Veopoz™				
	J9376				
	Vimizim®				
	J1322				
	Vyepti®				
	J3032				
	Vyvgart®				
	J9332				
	Vyvgart® Hytrulo™				
	J9334				
	Wezlana IV				
	Q5138				
	Xembify®				
	J1558				
	Xenpozyme®				
	J0218				
	Yesintek IV				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q5100 Zoladex® J9202	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="http://UHCprovider.com/policies">UHCprovider.com/policies</a> > For Community Plans > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.		
<b>Inpatient admissions and post-acute services</b>	Notification is required for admissions.				
<b>Joint replacement</b>	Prior authorization is required for the codes listed.	24360	24361	24362	24363
Joint, total hip and knee replacement		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			
<b>Laboratory services</b>	Prior authorization is required.	Please call Labcorp at 800-788-9743.			
<b>Non-emergent air ambulance transport</b>	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436
<b>Orthognathic</b>	Prior authorization is	21121	21123	21125	21127

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>surgery</b> Treatment of maxillofacial/jaw functional impairment	required for the codes listed.	21141 21146 21154 21188 21196 21208 21240 21246 21255	21142 21147 21155 21193 21198 21209 21242 21247 21296	21143 21150 21159 21194 21199 21210 21244 21248 21299	21145 21151 21160 21195 21206 21215 21245 21249	
<b>Orthotics and prosthetics</b>	Prior authorization is required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.  For members younger than 21 with orthotic limitation: <ul style="list-style-type: none"><li>Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit</li><li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively</li></ul> For members 21 and older: <ul style="list-style-type: none"><li>AHCCCS orthotics coverage applies if: The use of the orthotic is</li></ul>	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1831 L1840 L1847 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901 L3971 L3999 L4350 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1832 L1844 L1850 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763 L3904 L3975 L4000 L4392 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1820 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764 L3905 L3976 L4010 L4394 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1830 L1836 L1846 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900 L3961 L3977 L4020 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	medically necessary as the preferred treatment option consistent with Medicare guidelines	L5580 L5600 L5616 L5643 L5648	L5585 L5610 L5639 L5644 L5649	L5590 L5613 L5640 L5646 L5651	L5595 L5614 L5642 L5647 L5653
	<ul style="list-style-type: none"> <li>The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition</li> <li>The orthotic is ordered by a physician or primary care physician</li> </ul>	L5661 L5700 L5706 L5724 L5790 L5814 L5824 L5845 L5930 L5962 L5976 L5982 L5988 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L5673 L5702 L5716 L5726 L5795 L5816 L5826 L5848 L5950 L5964 L5979 L5984 L5990 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659	L5682 L5703 L5718 L5728 L5811 L5818 L5828 L5857 L5960 L5966 L5980 L5986 L5999 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610 L8612	L5683 L5705 L5722 L5780 L5812 L5822 L5830 L5858 L5961 L5968 L5981 L5987 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612
Out-of-network services	Prior authorization is required for all out-of-				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
		network services.				
<b>Out-of-state services</b>	Benefit only approved when service is emergent or unavailable in the state of Arizona.					
<b>Outpatient therapy — occupational and physical therapy</b>	<p>For members younger than 21:</p> <p>Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> <li>Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul> <p>For QMB members:</p> <p>Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> <li>Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul> <p>For members 21 and older:</p> <p>Prior authorization is not required for occupational and physical therapy.</p>	97012 97022 97034	97014 97026 97039	97016 97028 97110	97018 97033 97112	
<b>Outpatient therapy — speech therapy</b>	For members older than 21: Speech therapy services are covered when medically necessary. No	92507	92508	92526		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	<p>annual benefit limits apply. However, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> <li>Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	<p>authorization list:</p> <ul style="list-style-type: none"> <li>• Aldurazyme®</li> <li>• Ceprotin®</li> <li>• Cerezyme®</li> <li>• Cimzia®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> <li>• Elelyso®</li> <li>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> <li>• Kuvan®</li> <li>• Kynamro</li> <li>• Lumizyme®</li> <li>• Myozyme®</li> <li>• Orfadin®</li> <li>• VPRIV®</li> <li>• Zolgensma®</li> </ul>	<p>UHCprovider.com/AZcommunityplan &gt; Pharmacy Resources and Physician Administered Drugs &gt; Pharmacy Prior Authorization &gt; Pharmacy Prior Authorization Forms For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p>				
<b>Potentially unproven services</b>	Prior authorization is required.	33289	C2624			
<b>Pregnancy termination</b>	<p>Prior authorization is required for the codes listed.</p> <p>Prior authorization includes mifepristone, Mifeprex® or RU-486.</p> <p>Clinical documentation and the certificate of medical necessity for pregnancy termination must accompany the prior authorization request form.</p> <p>For more information, please review AMPM Chapter 400, Section 410 Section E Pregnancy Termination at azahcccs.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for</p>	59840	59841	59850	59856	59851 59857

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.			The Certificate of Medical Necessity For Pregnancy Termination can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.		
<b>Private-duty nursing</b>	Prior authorization is required for the codes listed.	T1002	T1003			
<b>Prostate procedures</b>	Prior authorization is required.	37243 53852	52441 55873	52442 55874		53850
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization is required for the codes listed.	77520	77522	77523		77525
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Shoulder surgery</b>	Prior authorization is required.		Musculoskeletal system 23470* 29805* 29820* 29825*	23472* 29806* 29822* 29826*	23473* 29807* 29823* 29827*
			*SOS also applies.		
<b>Sinuplasty</b>			31295	31296	31297
<b>Site of service (SOS) — outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting.		Auditory system 69205		
	Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).		Cardiovascular system 36590	36832	
			Carpal tunnel surgery 64721		
			Cataract surgery 66821	66982	66984
			Colonoscopy 45378		
			45380	45384	45385
			Cosmetic and reconstructive 13101	13132	14040
			14301	21552	21931
			Digestive system 42415	42440	43200
			43237	43238	43242
			43246	43247	43248
			43254	43255	43259
			44361	45171	45334
			45381	45390	45335
			45381	45390	45335
			45381		
			46040	46050	46200
			46221	46250	46255
			46270	46275	46288
			46750	46910	46946
			Ear, nose and throat (ENT) procedures 21320	30140	30520
			69631		69436

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS) — outpatient hospital (cont.)</b>		Eye and ocular adnexa 65710 65820 66250 66710 66711 66825 66986 66987 66988 67010 67041 67042 67105 67108 67113 67840 68110 68115 68320 68720 68815			
		Female genital system 57240 57250 57461 57520 58561 58562			
		Gynecologic procedures 57522 58353 58558 58563 58565			
		Hemic and lymphatic systems 38500 38510 38525			
		Hernia repair 49505 49650 49651			
		Integumentary system 10121 11440 11450 11624 11770 13121 15100 15120 15240 19020 19120 19125			
		Liver biopsy 47000			
		Male genital system 54840			
		Miscellaneous 20680			
		Musculoskeletal system 20552 20553 21012 21013 21336 21554 21555 21556 21930 22902 22903 23071 23075 24071 27327 27337 27632 28035 28039 28041 28060 28080 28090 28104 28110 28118 28119 28124 28285 28289 28292 28296 28297 28298 28299 29835 29840 29845 29846 29848 29861 29875 29876 29877			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS) — outpatient hospital (cont.)</b>		29879	29880	29881	29882
		29888	29893	G0260	
		Nervous system	64561	64640	
			65426	65730	65855
			66761	67028	67036
			67228	67311	67312
		Respiratory system	30802	30930	31525
			31536	31541	31624
		Tonsillectomy and adenoidectomy	42820	42821	42825
			42830		42826
		Upper gastrointestinal endoscopy	43235	43239	43249
		Urinary system	52276	52287	52320
			52344		
		Urologic procedures	50590	52000	52005
			52204		
			52224	52234	52235
			52260		
			52281	52310	52332
			52351		
			52352	52353	52356
			55040		
			57288		
<b>Skilled nursing facility services</b>	Prior authorization is required.				
<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required for the codes listed.	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<b>Specialty/ enclosed beds</b>	Prior authorization is required for the codes listed.	E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0301	E0303	E0315
		E0316	E0462		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Spinal surgery</b>	Prior authorization is required for the codes listed.	22100 22112 22210 22224 22513 22548 22558 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22101 22114 22212 22510 22515 22551 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 22514*	22102 22206 22214 22511 22532 22554 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306 0098T	22110 22207 22220 22512 22533 22556 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307
	<p>*SOS also applies.</p> <p><b>Sterilization</b></p> <p>Prior authorization is required for the codes listed.</p> <p>For all members younger than 21: Prior authorization required</p> <p>Any member requesting sterilization must sign an appropriate Consent for Sterilization form.</p> <p>For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt;</p>	52601 55250 58600 58670	52630 55801 58605 58671	52648 55821 58611 58700	52649 55831 58615

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																				
	<p>Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 420, Family Planning &gt; Section E Sterilization.</p> <p>The Consent to Sterilization form can be found at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 420, Family Planning &gt; Attachment A.</p>																																					
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization is required.	<table> <tbody> <tr> <td>Bone growth stimulator</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E0747</td> <td>E0748</td> <td>E0749</td> <td></td> </tr> <tr> <td>Neurostimulator</td> <td></td> <td></td> <td></td> </tr> <tr> <td>43648</td> <td>43882</td> <td>61863</td> <td>61864</td> </tr> <tr> <td>61867</td> <td>61868</td> <td>61885</td> <td>61886</td> </tr> <tr> <td>63650</td> <td>63655</td> <td>63685</td> <td>64553</td> </tr> <tr> <td>64555</td> <td>64568</td> <td>64570</td> <td>64590</td> </tr> <tr> <td>L8680</td> <td>L8682</td> <td>L8685</td> <td>L8686</td> </tr> <tr> <td>L8687</td> <td>L8688</td> <td></td> <td></td> </tr> </tbody> </table>	Bone growth stimulator				E0747	E0748	E0749		Neurostimulator				43648	43882	61863	61864	61867	61868	61885	61886	63650	63655	63685	64553	64555	64568	64570	64590	L8680	L8682	L8685	L8686	L8687	L8688		
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L8680	L8682	L8685	L8686																																			
L8687	L8688																																					
<b>Transplant services</b>	Prior authorization is required for the codes listed.  Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.	For transplant and CAR T-cell therapy services, including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartu, Tecelra, Yescarta and Zevaskyn please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card. <table> <tbody> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td>32853</td> </tr> <tr> <td>32854</td> <td>32855</td> <td>32856</td> <td>33930</td> </tr> <tr> <td>33933</td> <td>33935</td> <td>33940</td> <td>33944</td> </tr> <tr> <td>33945</td> <td>38208</td> <td>38209</td> <td>38210</td> </tr> <tr> <td>38212</td> <td>38213</td> <td>38214</td> <td>38215</td> </tr> <tr> <td>38240</td> <td>38241</td> <td>38242</td> <td>44132</td> </tr> <tr> <td>44133</td> <td>44135</td> <td>44136</td> <td>44137</td> </tr> <tr> <td>44715</td> <td>44720</td> <td>44721</td> <td>47133</td> </tr> <tr> <td>47135</td> <td>47140</td> <td>47141</td> <td>47142</td> </tr> </tbody> </table>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38208	38209	38210	38212	38213	38214	38215	38240	38241	38242	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47140	47141	47142
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47135	47140	47141	47142																																			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		47143 47147 50300 50340 50547 J3391	47144 48551 50320 50360 38232* J3392	47145 48552 50323 50365 J3387 J3394	47146 48554 50325 50370 J3389 J3402

**CAR T-cell therapy:**

J9999	Q2041	Q2042	Q2053
Q2054	Q2055	Q2056	Q2057
Q2058			

\*Code 38232 will only require prior authorization for an oncology diagnosis.

**Temporary and unclassified\*\*:**

C9399	J3490	J3590
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\*\*Amtagvi, Lantidra

<b>Transportation</b>	Transportation Prior authorization is required for non-emergent taxi and stretcher van.	To schedule transportation, please call Medical Transportation Management (MTM) at 888-700-6822.
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization is required for the codes listed.	36473 37718 37780

<b>Ventricular assist devices (VAD)</b>	Prior authorization is required for the codes listed.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33976 33983

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Wound vac</b>	Prior authorization is required for the code listed.	E2402

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